

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 27, 1991

ALL COUNTY INFORMATION NOTICE No. I-82-91

TO: ALL COUNTY WELFARE DIRECTORS
ALL PUBLIC AND PRIVATE ADOPTION AGENCIES
SDSS ADOPTION DISTRICT OFFICES

SUBJECT: RELEASE OF MEDICAL/PSYCHOSOCIAL INFORMATION FROM
ADOPTION CASE RECORDS

This All County Information Notice (ACIN) should be used in conjunction with ACL No. 87-29, dated February 11, 1987 entitled "Release of Medical Information Under Civil Code Section 224t" and ACL No. 88-59, dated June 10, 1988 entitled "Acquired Immune Deficiency Syndrome (AIDS)".

The purpose of this ACIN is to provide clarification and guidelines to adoption agencies regarding the disclosure of adoptees' medical/psychosocial and family background information from adoption case records to prospective adoptive parents prior to adoption finalization and to adult adoptees age 18 and older and to adoptive parents of adoptees under age 18 years of age in post adoption services.

Prior to adoptive placement, Civil Code (CC) Sections 222.26, 224.70 and 226.35 require that adoption agencies provide prospective adoptive parents with a written report on the child's medical background and, if available, so far as ascertainable, the medical background of the child's birth parents. The report is to contain all known diagnostic information, including current medical reports on the child, psychological evaluations, scholastic information, and all known information regarding the child's developmental history and family life. This section also requires the provision of medical information to the petitioners in an independent adoption as part of the agency's report to the court.

In addition, these code sections require that the State Department of Social Services (SDSS) adopt regulations specifying the form and content of the report. The form is to include inquiries that will elicit information on any illness, disease, or defect of a genetic or hereditary nature.

For post adoptive services, CC Section 229.30 requires adoption agencies, upon request, to provide adoptees age 18 and older, married adoptees under the age of 18, and adoptive parents of adoptees under 18 years of age, with a copy of the medical report required by CC Sections 222.26, 224.70 and 226.35.

It has come to the Department's attention that agency procedures and practices of individual social workers vary regarding the release of medical/psychosocial information in both pre and post adoption services. Some agencies prefer to photocopy original medical/psychosocial reports from physicians, hospitals, educators, psychologists, etc., and release the complete copied report with identifying information blacked out to adoptive parents prior to adoption finalization; other agencies prefer to extract and/or summarize information from original medical reports and transfer that information onto other forms such as the AD 512 form -"Medical and Psychosocial History of the Child", that they release to the adoptive family.

In addition to variations in approach to providing information, questions have been raised as to whether adoption case workers (ACWs) are qualified or adequately trained to summarize or extract medical information from original source reports and whether they are professionally competent to analyze the meaning of medical terminology used in reports prepared by certified or licensed medical professionals. Some ACWs believe that summarizing or extracting partial information could inadvertently omit medical or background information of significant importance. In contrast, other adoption case workers and medical professionals do not believe original medical/background reports submitted by medical professionals should be released to prospective adoptive parents or adult adoptees due to issues of confidentiality of medical records as defined in CC Section 1798.24 (Informations Practices Act).

A major reason for the variance among agencies' and ACWs' practices in this area is the absence of regulations defining content and mandating use of the form to be employed for this purpose as prescribed by CC Sections 222.26, 224.70 and 226.35. The Department is processing an addition to current adoption program regulations to remedy this problem. Until regulations are in place defining the specific format and content, we urge adoption agencies to adhere to the following guidelines.

A. RELEASE OF ADOPTEE'S MEDICAL/PSYCHOSOCIAL INFORMATION TO PROSPECTIVE ADOPTIVE PARENTS PRIOR TO ADOPTION FINALIZATION

In both agency/relinquishment adoptive placements and in independent adoptions, agencies should use the AD 512 form to transmit information about the child's background to the

prospective adoptive parents. All available original source reports and evaluations obtained during the adoption investigation on the child and his/her family's medical and social background should be photocopied (except as noted) and attached to the AD 512. Agencies should also use the AD 67 - "Information About the Birth Mother" and AD 67a - "Information About the Birth Father" forms in tandem with the AD 512. The AD 67 forms are divided into two sections - one for confidential information which will not be disclosed to either adoptive parents or the adult adoptee; and the other section for nonidentifying information that is to be given to the adoptive parents and adult adoptees. Identities of all sources of reports as well as other sources mentioned in the reports must be "blacked out" prior to dissemination to the requester. In all instances, the ACW should strive for full disclosure of relevant medical, psychological/psychiatric and social history on the child and his/her family.

Case workers should not attempt to interpret medical terminology or any health condition indicated in the reports. Instead, emphasis should be placed on quoting verbatim from these reports and attaching photocopies of them to the AD 512 form. Prospective adoptive parents should be encouraged to take the photocopied reports to their own physicians for further evaluation or interpretation.

Attachment of original source reports may not be appropriate under certain, limited circumstances. Where the confidentiality of other persons, such as former caretakers, other children in the foster home, etc., would be jeopardized or where the information in original source reports is not directly related to the child's current or future well being, only summaries of original source reports should be included on the AD 512 form.

More specifically, in agency/relinquishment adoptions, agencies should pay particular attention to gleaning relevant information regarding the adoptee or his/her birth parents from the foster care record maintained by the county's children's services program records.

In addition, if birth parents have received psychiatric or psychological evaluations, any diagnosis of their condition should be given to the adopting parents via a verbatim transfer of this limited, specific information but the actual report of the evaluation itself should not be disclosed. If a birth parent has received in-patient

psychiatric treatment, information concerning his/her diagnosis, response to treatment and prognosis may be disclosed, but the full report of the hospitalization is not to be released.

All reports (including the AD 67 and 67a) that are photocopied and presented to the adopting family should be attached and listed on the AD 512. There is a place on the AD 512 for the adopting parents to acknowledge receipt of the AD 512 and all its attachments.

B. POST ADOPTION SERVICES

When releasing nonidentifying medical and general family background information pursuant to CC Section 229.30, it is recommended that agencies basically follow the procedures described above in Section A. That is, when an agency receives a written request for medical and/or general family background information from an adult adoptee (age 18 or older), a married adoptee under the age of 18, or, adoptive parents of an adoptee under 18 years of age, the agency should photocopy and send the requestor all relevant documents that are in the adoption case record. The identity of any person named in a document (including the adoptee's) should be deleted or "blacked out" prior to dissemination. Adoption case workers should not attempt to interpret or summarize medical or psychosocial information from original source reports but should encourage the requestor to seek medical advice from his/her own physician. Information shared with the adoptee or adoptive parents should be quoted verbatim. Adoption agencies should limit the use of summaries to only those cases where the confidentiality of other persons identified in the documents would be compromised if photocopies were released.

The Department recognizes that not everyone may agree with the guidelines for release of adoption case record information outlined above. However, we believe application of the guidelines will result in a fair and balanced approach. Prospective adoptive parents are entitled to receive all known medical/psychosocial and family background information on the child they may wish to adopt. By having this information, adoptive parents will be more fully informed for purposes of deciding whether or not to consider adopting a child. Also, these procedures will hopefully reduce the number of set-aside petitions filed under CC Section 228.10 whereby adoptive parents claim (and often times substantiate) that the adoption agency responsible for the adoption did not give them all available and known health history on the child prior to finalization. In addition, adult adoptees are entitled to receive all available nonidentifying health and family background from their adoption case file so that they may become knowledgeable about the family history of their biological parents.

As previously stated, regulations concerning this topic will be developed in the near future. In the meantime, we urge adoption agencies to follow these guidelines so that there is a consistent approach statewide to the release of adoptees' nonidentifying medical and psychosocial information from the adoption case record.

If you have any questions regarding the above guidelines, please contact Ms. Roberta Badal, Adoptions Policy Consultant, at (916) 323-0471 or ATSS 473-0471.



LOREN D. SUTER
Deputy Director
Adult and Family Services Division

cc: CWDA